



Volunteer Fire Department County Drivers Request

Member Full Name:			
	First	Middle	Last
Date of Birth:	Name of Fire Co.:		
Drivers license class	: L	icense number:	
Are you currently a etc.) Yes	driver for any	other county departmen	nt? (Highway, transit,
Member will be operating under emergency non-emergency response			
Emergency) shall be Management. Please	registered and include a condition	that the county insures (Ind cleared by the Frederick) py of your current driver the provided with this re	ck County Office of Risk r's license. If a recent
	shall grant or	deny privileges with not	nbers driving record and ifications through the
Chief Officer Signat	ure:		
Phone:			

Please be sure to include copy of current drivers license**